

Project Puqigtut (“Smart People”)

5530 E. Northern Lights Blvd.

Anchorage, AK 99504

Main: 907.742.7873

Fax: 907.742.4585

Online Course Application Form for High School Students

Thank you for considering Project Puqigtut. We accept Alaska Native/American Indian students from high schools within the Anchorage School District. If the student applying is accepted into the program a phone call will be made to the number provided and a mandatory orientation date will be provided. We ask that the student and parent/guardian attend the orientation.

Students & Parents: Please complete the Student and Parents information sections. The student and their Parents/Guardians will need to sign at the end of the form. Then return to your counselor or advisor.

Counselors/Advisors: Please complete the Counselor/Advisor section, obtain appropriate signatures, and send in the complete form along with an up-to-date academic transcript (include pages of test scores).

School Year _____ FALL SPRING SUMMER

Student Information

First Name: _____ Last Name: _____

Student ID#: _____ School: _____ Grade: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Other: _____

Student E-mail: _____

Do you need a computer? Yes No

Do you need an internet connection? Yes No

Parent(s)/Guardian(s) Information

First Name: _____ Last Name: _____

Phone: _____ Cell: _____ Other: _____

E-mail: _____

Information to be filled out by counselor or advisor:

Recommended Course:

- | | | |
|--------------------------------------|--|---|
| <input type="checkbox"/> Algebra A-1 | | <input type="checkbox"/> World History (sem. 1) |
| <input type="checkbox"/> Algebra A-2 | <input type="checkbox"/> English 9 (sem. 1) | <input type="checkbox"/> World History (sem. 2) |
| <input type="checkbox"/> Algebra B-1 | <input type="checkbox"/> English 9 (sem. 2) | <input type="checkbox"/> U.S. History (sem. 1) |
| <input type="checkbox"/> Algebra B-2 | <input type="checkbox"/> English 10 (sem. 1) | <input type="checkbox"/> U.S. History (sem. 2) |
| <input type="checkbox"/> Algebra I-1 | <input type="checkbox"/> English 10 (sem. 2) | <input type="checkbox"/> Alaska Studies |
| <input type="checkbox"/> Algebra I-2 | | |

Reason for Referral (*please provide adequate information/reasons*):

This student has: ___ IEP ___ 504 ___ Neither an IEP nor 504

**If student has either, please attach copies & details.*

GPA: _____ Credits: _____ 506 form on file? Y N

Completion of this form does not guarantee enrollment in an ASD online course. Student participation requires meeting eligibility requirements, authorization of a parent/guardian, a school administrator, and depends on course availability. I agree to work at the pace established by my online instructor when the course begins. If I fail to work at the established pace I understand that my enrollment may be terminated. I understand this program will require an orientation session with my parent/guardian. I understand that it is my responsibility to communicate concerns about coursework or accessibility issues with the instructor in a timely manner. I understand that course grades will not be posted on school records until the following semester after course completion.

Student's Signature

Parent/Guardian's Signature

Counselor/Advisor's Name (Please print)

Counselor/Advisor's Name Signature

Please fax COMPLETED form and attachments to 742-4585, incomplete forms will not be processed. For questions, call 742-4872 or e-mail edwards-vollertsen_j@asdk12.org